



For EPA Regional Use Only <div style="border: 1px solid black; padding: 2px;"> Date Received Month Day Year <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </div>	 United States Environmental Protection Agency Washington, DC 20460 Hazardous Waste Permit Application Part A <i>(Read the Instructions before starting)</i>	<div style="border: 1px solid black; padding: 2px;"> US EPA RECORDS CENTER REGION 5  1004966 </div>
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)		
<input type="checkbox"/> A. First Part A Submission		<input checked="" type="checkbox"/> B. Part A Amendment # _____
C. Installation's EPA ID Number M I D O 7 4 2 5 9 5 6 5		D. Secondary ID Number (If applicable) N A
II. Name of Facility D Y N E C O L , I N C .		
III. Facility Location (Physical address not P.O. Box or Route Number)		
A. Street 6 5 2 0 G E O R G I A		
Street (Continued) 		
City or Town D E T R O I T		State Zip Code M I 4 8 2 1 1 -
County Code <small>(If known)</small>	County Name W A Y N E	
B. Land Type <small>(Enter code)</small> P	C. Geographic Location LATITUDE (Degrees, minutes, & seconds) LONGITUDE (Degrees, minutes & seconds) 4 2 2 3 0 3 5 0 8 3 0 1 0 5 6	D. Facility Existence Date Month Day Year 0 9 1 5 1 9 7 6
IV. Facility Mailing Address		
Street or P.O. Box 6 5 2 0 G E O R G I A S T R E E T		
City or Town D E T R O I T		State Zip Code M I 4 8 2 1 1 -
V. Facility Contact (Person to be contacted regarding waste activities at facility)		
Name (Last) B I E R M A N N		(First) F R A N K
Job Title P R E S I D E N T		Phone Number (Area Code and Number) 3 1 3 - 5 7 1 - 7 1 4 1
VI. Facility Contact Address (See instructions)		
A. Contact Address Location Mailing Other <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Street or P.O. Box 6 5 2 0 G E O R G I A S T R E E T	
City or Town D E T R O I T		State Zip Code M I 4 8 2 1 1 -

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

M I D O 7 4 2 5 9 5 6 5

VII. Operator Information (See Instructions)

Name of Operator

D Y N E C O L , I N C .

Street or P.O. Box

6 5 2 0 G E O R G I A S T R E E T

City or Town

D E T R O I T

State

ZIP Code

M I

4 8 2 1 1 -

Phone Number (Area Code and Number)

3 1 3 - 5 7 1 - 7 1 4 1

B. Operator
Type

P

C. Change of Operator
Indicator

Yes

No

X

Date Changed
Month Day Year

VIII. Facility Owner (See Instructions)

A. Name of Facility's Legal Owner

D Y N E C O L , I N C .

Street or P.O. Box

6 5 2 0 G E O R G I A S T R E E T

City or Town

D E T R O I T

State

ZIP Code

M I

4 8 2 1 1 -

Phone Number (Area Code and Number)

3 1 3 - 5 7 1 - 7 1 4 1

B. Owner Type

P

C. Change of Owner
Indicator

Yes

No

X

Date Changed
Month Day Year

IX. SIC Codes (4-digit, in order of significance)

Primary

4 9 5 3 (Description) Refuse Systems

Secondary

8 9 9 9 (Description) Services

Secondary

(Description)

Secondary

(Description)

X. Other Environmental Permits (See Instructions)

A. Permit Type
(Enter code)

B. Permit Number

C. Description

E

S E W E R P E R M I T

See Appendix A.1

E

A I R P E R M I T

See Appendix A.1

R

M I C H I G A N R C R A

Act 451

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

M I D O 7 4 2 5 9 5 6 5

XI. Nature of Business (Provide a brief description)

Treatment and Storage of hazardous and non-hazardous wastes. Refer to Part B Permit/License (MI) reissued on March 16, 1998 for more detailed information.

XII. Process Codes and Design Capacities

A. **PROCESS CODE**- Enter the code from the list of process codes below that best describes each process to be used at the facility. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in item XIII.

B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.

1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Disposal:</u>					
D79	Underground Injection	Gallons; Liters; Gallons Per Day; or Liters Per Day	T87	Smelting, Melting, Or Refining Furnace	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour
D80	Landfill	Acre-feet or Hectare-meter	T88	Titanium Dioxide Chloride Process	
D81	Land Treatment	Acres or Hectares	T89	Methane Reforming Furnace	
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T90	Pulping Liquor Recovery Furnace	
D83	Surface Impoundment	Gallons or Liters	T91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid	
D89	Other Storage	Any Unit of Measure Listed Below	T92	Halogen Acid Furnaces	
	<u>Storage:</u>		T93	Other Industrial Furnaces Listed in 40 CFR §260.10	
S01	Container (Barrel, Drum, Etc.)	Gallons or Liters	T94	Containment Building	Cubic Yards or Cubic Meters
S02	Tank	Gallons or Liters	<u>Miscellaneous (Subpart X):</u>		
S03	Waste Pile	Cubic Yards or Cubic Meters	X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
S04	Surface Impoundment	Gallons or Liters	X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; or Kilograms Per Hour
S05	Drip Pad	Gallons or Liters			Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour
S06	Containment Building	Cubic Yards or Cubic Meters	X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour
S99	Other Disposal	Any Unit of Measure Listed Below	X04	Geologic Repository	Cubic Yards or Cubic Meters
	<u>Treatment:</u>		X99	Other Subpart X	Any Unit of Measure Listed Below
T01	Tank	Gallons Per Day or Liters Per Day			
T02	Surface Impoundment	Gallons Per Day or Liters Per Day			
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; or Btu's Per Hour			
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T80	Boiler	Gallons or Liters			
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T82	Lime Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T83	Aggregate Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T84	Phosphate Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T85	Coke Oven	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			
T86	Blast Furnace	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Short Tons Per Hour	D	Cubic Yards	Y
Gallons Per Hour	E	Metric Tons Per Hour	W	Cubic Meters	C
Gallons Per Day	U	Short Tons Per Day	N	Acres	B
Liters	L	Metric Tons Per Day	S	Acre-feet	A
Liters Per Hour	H	Pounds Per Hour	J	Hectares	Q
Liters Per Day	V	Kilograms Per Hour	R	Hectare-meter	F
				Btu's Per Hour	I

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

M I D O 7 4 2 5 9 5 6 5

XII. Process Codes and Design Capabilities (Continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	For Official Use Only
		1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	S 0 2	5 3 3 . 7 8 8	G	0 0 1	
1		5 4.7 0 0	G	0 0 1	
2		1 3 6.2 0 0	G	0 0 8	
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					
1 3					

NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in item XIII.

XIII. Other Processes (Follow instructions from item XII for D99, S99, T04 and X99 process codes)

Line Number (Enter its in seg w/XII)	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	D. Description Of Process
		1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	T 0 4				In-situ Vitrification
1	T 0 1	144.000	U	013	
2					
3					
4					

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

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XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- Enter the first two as described above.
- Enter "000" in the extreme right box of item XIV-D(1).
- Enter in the space provided on page 7, item XIV-E, the line number and the additional code(s).

- 2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESS	
				(1) PROCESS CODES (Enter)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
X 1	K 0 5 4	900	P	T 0 3 D 8 0	
X 2	D 0 0 2	400	P	T 0 3 D 8 0	
X 3	D 0 0 1	100	P	T 0 3 D 8 0	
X 4	D 0 0 2				Included With Above

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

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XIV. Description of Hazardous Wastes (Continued)

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES									
				(1) PROCESS CODES (Enter code)					(2) PROCESS DESCRIPTION (If a code is not entered in D(1))				
1		10,000,000	P	S	O	1						See Table A.1 for listing of waste codes	
2													
3		432,000,000	P	T	O	1	S	O	2			See Table A.2 for listing of waste codes	
4													
5													
6													
7													
8													
9													
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33													

EPA I.D. Number (Enter from page 1)

M I D O 7 4 2 5 9 5 6 5

Secondary ID Number (Enter from page 1)

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XV. Map

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (See instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature

Frank J. Biermann

Date Signed

Nov 2, 1998

Name and Official Title (Type or print)

Frank J. Biermann, President

Owner Signature

Date Signed

Name and Official Title (Type or print)

Operator Signature

Frank J. Biermann

Date Signed

Nov 2, 1998

Name and Official Title (Type or print)

Frank J. Biermann, President

Operator Signature

Date Signed

Name and Official Title (Type or print)

XIX. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)

STORAGE TANKS 12, 13, 16 and 17

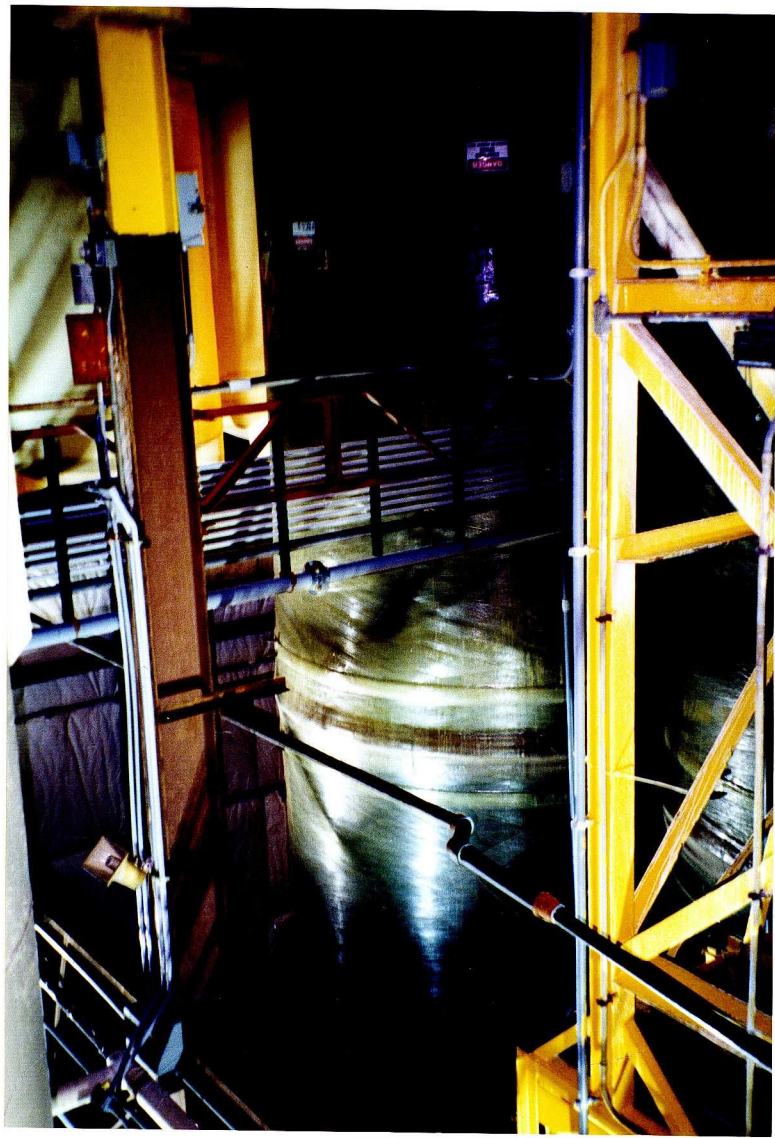




TABLE A.1
WASTE CODES ACCEPTED AT THE CONTAINER MANAGEMENT FACILITY

1) CHARACTERISTICALLY HAZARDOUS WASTES

D001	D002	D003	D004	D005	D006	D007	D008	D009	D010
D011	D012	D013	D014	D015	D016	D017	D018	D019	D020
D021	D022	D023	D024	D025	D026	D027	D028	D029	D030
D031	D032	D033	D034	D035	D036	D037	D038	D039	D040
D041	D042	D043							

2) HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES

F001	F002	F003	F004	F005	F006	F007	F008	F009	F010
F011	F012	F019	F024	F025	F032	F034	F035	F037	F038
F039									

3) HAZARDOUS WASTES FROM SPECIFIC SOURCES

K001	K002	K003	K004	K005	K006	K007	K008	K009	K010
K011	K013	K014	K015	K016	K017	K018	K019	K020	K021
K022	K023	K024	K025	K026	K027	K028	K029	K030	K031
K032	K033	K034	K035	K036	K037	K038	K039	K040	K041
K042	K043	K044	K045	K046	K047	K048	K049	K050	K051
K052	K060	K061	K062	K064	K065	K066	K069	K071	K073
K083	K084	K085	K086	K087	K088	K090	K091	K093	K094
K095	K096	K097	K098	K099	K100	K101	K102	K103	K104
K105	K106	K107	K108	K109	K110	K111	K112	K113	K114
K115	K116	K117	K118	K123	K124	K125	K126	K131	K132
K136	K141	K142	K143	K144	K145	K147	K148	K149	K150
K151	K156	K157	K158	K159	K160	K161	Addition:		K140

4) DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION SPECIES, CONTAINER RESIDUES, AND SPILL RESIDUES THEREOF

P001	P002	P003	P004	P005	P006	P007	P008	P009	P010
P011	P012	P013	P014	P015	P016	P017	P018	P020	P021
P022	P023	P024	P026	P027	P028	P029	P030	P031	P033
P034	P036	P037	P038	P039	P040	P041	P042	P043	P044
P045	P046	P047	P048	P049	P050	P051	P054	P056	P057
P058	P059	P060	P062	P063	P064	P065	P066	P067	P068
P069	P070	P071	P072	P073	P074	P075	P076	P077	P078
P081	P082	P084	P085	P087	P088	P089	P092	P093	P094
P095	P096	P097	P098	P099	P101	P102	P103	P104	P105
P106	P108	P109	P110	P111	P112	P113	P114	P115	P116
P118	P119	P120	P121	P122	P123	P127	P128	P185	P188
P189	P190	P191	P192	P194	P196	P197	P198	P199	P201
P202	P203	P204	P205						

U001	U002	U003	U004	U005	U006	U007	U008	U009	U010
U011	U012	U014	U015	U016	U017	U018	U019	U020	U021
U022	U023	U024	U025	U026	U027	U028	U029	U030	U031
U032	U033	U034	U035	U036	U037	U038	U039	U041	U042
U043	U044	U045	U046	U047	U048	U049	U050	U051	U052
U053	U055	U056	U057	U058	U059	U060	U061	U062	U063
U064	U066	U067	U068	U069	U070	U071	U072	U073	U074
U075	U076	U077	U078	U079	U080	U081	U082	U083	U084
U085	U086	U087	U088	U089	U090	U091	U092	U093	U094

TABLE A.1 (Cont'd)

DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION
SPECIES, CONTAINER RESIDUES, AND SPILL RESIDUES THEREOF(Cont.)

U095	U096	U097	U098	U099	U101	U102	U103	U105	U106
U107	U108	U109	U110	U111	U112	U113	U114	U115	U116
U117	U118	U119	U120	U121	U122	U123	U124	U125	U126
U127	U128	U129	U130	U131	U132	U133	U134	U135	U136
U137	U138	U140	U141	U142	U143	U144	U145	U146	U147
U148	U149	U150	U151	U152	U153	U154	U155	U156	U157
U158	U159	U160	U161	U162	U163	U164	U165	U166	U167
U168	U169	U170	U171	U172	U173	U174	U176	U177	U178
U179	U180	U181	U182	U183	U184	U185	U186	U187	U188
U189	U190	U191	U192	U193	U194	U196	U197	U200	U201
U202	U203	U204	U205	U206	U207	U208	U209	U210	U211
U213	U214	U215	U216	U217	U218	U219	U220	U221	U222
U223	U225	U226	U227	U228	U234	U235	U236	U237	U238
U239	U240	U243	U244	U246	U247	U248	U249	U271	U277
U278	U279	U280	U328	U353	U359	U364	U365	U366	U367
U372	U373	U375	U376	U377	U378	U379	U381	U382	U383
U384	U385	U386	U387	U389	U390	U391	U392	U393	U394
U395	U396	U400	U401	U402	U403	U404	U407	U409	U410
U411	Addition: U408								

5) MICHIGAN HAZARDOUS WASTES

001D	003D	001K	002K	011U	033U	054U	059U	070U	072U
101U	131U	139U	150U	155U	161U	001U	002U	003U	004U
005U	006U	007U	008U	009U	012U	163U	172U	174U	013U
014U	015U	016U	017U	020U	021U	022U	023U	024U	025U
027U	028U	029U	030U	032U	034U	036U	037U	038U	040U
041U	042U	043U	044U	046U	047U	048U	049U	050U	051U
052U	055U	056U	057U	058U	061U	063U	064U	065U	068U
071U	073U	074U	075U	076U	077U	078U	079U	080U	082U
083U	086U	088U	089U	090U	092U	093U	094U	095U	096U
097U	098U	099U	100U	102U	103U	104U	106U	108U	110U
111U	112U	113U	114U	115U	116U	117U	118U	119U	120U
121U	122U	124U	127U	128U	129U	132U	134U	135U	136U
137U	138U	140U	141U	142U	143U	144U	146U	147U	148U
151U	152U	153U	154U	157U	158U	159U	160U	162U	164U
165U	166U	167U	168U	169U	170U	171U	173U	175U	

TABLE A.2
WASTE CODES ACCEPTED AT THE TREATMENT FACILITY

D002	Corrosive
D004	Arsenic
D005	Barium
D006	Cadmium
D007	Chromium
D008	Lead
D009	Mercury
D010	Selenium
D011	Silver
001D	Copper
003D	Zinc
D018	Benzene
D019	Carbon Tetrachloride
D020	Chlordane
D021	Chlorobenzene
D022	Chloroform
D023	o-Cresol
D024	m-Cresol
D025	p-Cresol
D026	Cresol
D027	1,4-Dichlorobenzene
D028	1,2-Dichloroethane
D029	1,1-Dichloroethylene
D030	2,4-Dinitrotoluene
D031	Heptachlor
D032	Hexachlorobenzene
D033	Hexachlorobutadiene
D034	Hexachloroethane
D035	Methyl Ethyl Ketone
D036	Nitrobenzene
D037	Pentachlorophenol
D038	Pyridine
D039	Tetrachloroethylene
D040	Trichloroethylene
D041	2,4,5-Trichlorophenol
D042	2,4,6-Trichlorophenol
D043	Vinyl Chloride

TABLE A.2
(CONT'D)

F001	K028	K099	P006	P062	P119
F002	K029	K100	P007	P063	P120
F003	K030	K101	P008	P064	P121
F004	K031	K102	P009	P065	P122
F005	K032	K103	P010	P066	P123
F006	K033	K104	P011	P067	P127
F007	K034	K105	P012	P068	P128
F008	K035	K106	P013	P069	P185
F009	K036	K107	P014	P070	P188
F010	K037	K108	P015	P071	P189
F011	K038	K109	P016	P072	P190
F012	K039	K110	P017	P073	P191
F019	K040	K111	P018	P074	P192
F024	K041	K112	P020	P075	P194
F025	K042	K113	P021	P076	P196
F032	K043	K114	P022	P077	P197
F034	K044	K115	P023	P078	P198
F035	K045	K116	P024	P081	P199
F037	K046	K117	P026	P082	P201
F038	K047	K118	P027	P084	P202
F039	K048	K123	P028	P085	P203
	K049	K124	P029	P087	P204
K001	K050	K125	P030	P088	P205
K002	K051	K126	P031	P089	
K003	K052	K131	P033	P092	
K004	K060	K132	P034	P093	
K005	K061	K136	P036	P094	
K006	K062	K141	P037	P095	
K007	K064	K142	P038	P096	
K008	K065	K143	P039	P097	
K009	K066	K144	P040	P098	
K010	K069	K145	P041	P099	
K011	K071	K147	P042	P101	
K013	K073	K148	P043	P102	
K014	K083	K149	P044	P103	
K015	K084	K150	P045	P104	
K016	K085	K151	P046	P105	
K017	K086	K156	P047	P106	
K018	K087	K157	P048	P108	
K019	K088	K158	P049	P109	
K020	K090	K159	P050	P110	
K021	K091	K160	P051	P111	
K022	K093	K161	P054	P112	
K023	K094	P001	P056	P113	
K024	K095	P002	P057	P114	
K025	K096	P003	P058	P115	
K026	K097	P004	P059	P116	
K027	K098	P005	P060	P118	

Addition: K140

TABLE A.2
(CONT'D)

U001	U045	U089	U133	U177	U223	U386
U002	U046	U090	U134	U178	U225	U387
U003	U047	U091	U135	U179	U226	U389
U004	U048	U092	U136	U180	U227	U390
U005	U049	U093	U137	U181	U228	U391
U006	U050	U094	U138	U182	U234	U392
U007	U051	U095	U140	U183	U235	U393
U008	U052	U096	U141	U184	U236	U394
U009	U053	U097	U142	U185	U237	U395
U010	U055	U098	U143	U186	U238	U396
U011	U056	U099	U144	U187	U239	U400
U012	U057	U101	U145	U188	U240	U401
U014	U058	U102	U146	U189	U243	U402
U015	U059	U103	U147	U190	U244	U403
U016	U060	U105	U148	U191	U246	U404
U017	U061	U106	U149	U192	U247	U407
U018	U062	U107	U150	U193	U248	U409
U019	U063	U108	U151	U194	U249	U410
U020	U064	U109	U152	U196	U271	U411
U021	U066	U110	U153	U197	U277	
U022	U067	U111	U154	U200	U278	
U023	U068	U112	U155	U201	U279	
U024	U069	U113	U156	U202	U280	
U025	U070	U114	U157	U203	U328	
U026	U071	U115	U158	U204	U353	
U027	U072	U116	U159	U205	U359	
U028	U073	U117	U160	U206	U364	
U029	U074	U118	U161	U207	U365	
U030	U075	U119	U162	U208	U366	
U031	U076	U120	U163	U209	U367	
U032	U077	U121	U164	U210	U372	
U033	U078	U122	U165	U211	U373	
U034	U079	U123	U166	U213	U375	
U035	U080	U124	U167	U214	U376	
U036	U081	U125	U168	U215	U377	
U037	U082	U126	U169	U216	U378	
U038	U083	U127	U170	U217	U379	
U039	U084	U128	U171	U218	U381	
U041	U085	U129	U172	U219	U382	
U042	U086	U130	U173	U220	U383	
U043	U087	U131	U174	U221	U384	
U044	U088	U132	U176	U222	U385	

Addition: U408

TABLE A.2
(CONT'D)

001K	160U	042U	070U	097U	122U
002K	161U	043U	071U	098U	124U
001U	021U	044U	072U	099U	127U
002U	022U	046U	073U	100U	128U
003U	023U	164U	167U	101U	129U
004U	024U	047U	074U	102U	170U
005U	025U	048U	075U	103U	153U
006U	027U	049U	076U	104U	131U
007U	028U	050U	077U	106U	132U
157U	152U	051U	078U	168U	134U
008U	029U	052U	079U	108U	135U
009U	030U	054U	080U	169U	136U
158U	032U	055U	152U	110U	137U
011U	033U	056U	082U	111U	138U
012U	034U	165U	083U	112U	139U
013U	150U	057U	086U	113U	140U
014U	162U	058U	088U	114U	154U
147U	036U	059U	089U	115U	171U
148U	037U	166U	090U	116U	172U
159U	038U	061U	092U	117U	173U
015U	163U	063U	093U	118U	141U
016U	151U	064U	094U	119U	142U
017U	040U	065U	095U	120U	143U
020U	041U	068U	096U	121U	144U
					174U
					175U
					155U
					146U

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER			
GENERAL		GENERAL INFORMATION		F M I D 0 7 4 2 5 9 5 6 5			
Consolidated Permits Program		(Read the "General Instructions" before starting.)					
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		II. POLLUTANT CHARACTERISTICS			
III. FACILITY NAME				INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements, see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
IV. FACILITY MAILING ADDRESS							
V. FACILITY LOCATION							
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS		MARK "X"	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		YES NO FORM ATTACHED	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		YES NO FORM ATTACHED	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 3A)		YES NO FORM ATTACHED	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		YES NO FORM ATTACHED	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED	
III. NAME OF FACILITY							
1 SKIP DYNECOL, INC.							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & number)	
2 FRANK J. BIERMANN PRESIDENT						313 571 7141	
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
3 6520 GEORGIA STREET							
B. CITY OR TOWN						C. STATE D. ZIP CODE	
4 DETROIT						MI 48211	
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
5 6520 GEORGIA STREET							
B. COUNTY NAME							
WAYNE COUNTY							
C. CITY OR TOWN						D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
6 DETROIT						MI 48211	

VII. SIC CODES (4-digit in order of priority)

A. FIRST		B. SECOND	
78	8999 (specify)	7	(specify)
SERVICES, NEC (See Item XII)			
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in the 1982 Yellow Pages also the name of the facility?	
D YNECOL, INC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify.)		F. PHONE (Area Code, No. 7)	
FEDERAL	M. PUBLIC (other than federal or state)	P (specify)	313 571 7140
STATE	OTHER (specify)		
P. PRIVATE			
G. STREET OR P.O. BOX		H. CITY OR TOWN	
6520 GEORGIA STREET		DETROIT	
I. STATE		J. ZIP CODE	
MI		48211	
K. INDIAN LAND		L. Is the facility located on Indian land?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		B. PSD (Air Emissions from Proposed Sources)	
9	N/A	9	N/A
C. UIC (Underground Injection of Fluids)		D. OTHER (specify)	
9	N/A	9	AIR PERMIT
		(specify) See Appendix A.1 (Original Permit Application)	
E. RCRA (Hazardous Wastes)		F. OTHER (specify)	
9	N/A	9	SEWER DISCHARGE
		(specify) See Appendix A.1 (Original Permit Application)	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, river, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

1. Transporter - Off-site transportation of hazardous waste (by highway).
2. Storage - Holding of hazardous waste for a temporary period, at the end of which the hazardous waste is treated, and/or disposed of.
3. Treatment - Technique or process, including neutralization, designed to change the physical, chemical, or biological character of the composition of hazardous waste, so as to neutralize such waste or as to render such waste non-hazardous.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
FRANK J. BIERMANN PRESIDENT	<i>Frank J. Biermann</i>	9/24/90

COMMENTS FOR OFFICIAL USE ONLY

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W M I D 0 7 4 2 5 9 5 6 5 1										W DUP 2 DUP									

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (If a code is not entered in D(1))					
1	D 0 0 2	11,520,000	P	S	0	2	T	0	1				
2	D 0 0 4	5,760,000	P	S	0	2	T	0	1				
3	D 0 0 5	5,760,000	P	S	0	2	T	0	1				
4	D 0 0 6	5,760,000	P	S	0	2	T	0	1				
5	D 0 0 7	5,760,000	P	S	0	2	T	0	1				
6	D 0 0 8	5,760,000	P	S	0	2	T	0	1				
7	D 0 0 9	5,760,000	P	S	0	2	T	0	1				
8	D 0 1 0	5,760,000	P	S	0	2	T	0	1				
9	D 0 1 1	5,760,000	P	S	0	2	T	0	1				
10	K 0 6 2	224,640,000	P	S	0	2	T	0	1				
11	F 0 0 6	2,880,000	P	S	0	2	T	0	1				Waste must contain less than 20 mg/l total cyanides
12	F 0 1 9	2,880,000	P	S	0	2	T	0	1				Waste must contain less than 20 mg/l total cyanides
13	0 0 1 D	5,760,000	P	S	0	2	T	0	1				
14	0 0 3 D	5,760,000	P	S	0	2	T	0	1				
15		1,772,000	P	S	0	1							See Table A.1 for listing of all waste codes which potentially are stored in the container storage facility. (Appendix C.1)
16													
17		66,000,000	P	S	0	2	T	0	1				See Table A.2 for listing
18													of all additional TC waste
19													codes which potentially can
20													be stored and treated in th
21													treatment facility.
22													
23													
24													
25													
26													

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	7	4	2	5	9	5	6	5	6	5	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	2	2	3	0	3	5
---	---	---	---	---	---	---

0	8	3	0	1	0	5	6
---	---	---	---	---	---	---	---

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E PVS Chemicals, Inc.

313-921-1200

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 11001 Harper

G Detroit

M I

48213

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

FRANK J. BIERMANN

B. SIGNATURE



C. DATE SIGNED

9/24/90

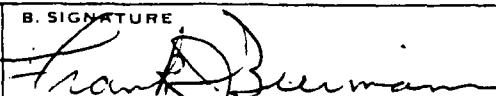
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

FRANK J. BIERMANN

B. SIGNATURE



C. DATE SIGNED

9/24/90

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)				COMMENTS			
23		24		25		26		27	

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

B. REVISED APPLICATION (place an "X" below and complete Item i above)

☐ 1. FACILITY HAS INTERIM STATUS

☒ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASUR CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> 1 2 3 </div> <div style="display: flex; justify-content: space-between;"> 4 5 6 </div> <div style="display: flex; justify-content: space-between;"> 7 8 9 </div> <div style="display: flex; justify-content: space-between;"> 10 11 12 </div> <div style="display: flex; justify-content: space-between;"> 13 14 15 </div> <div style="display: flex; justify-content: space-between;"> 16 17 18 </div> <div style="display: flex; justify-content: space-between;"> 19 20 21 </div> <div style="display: flex; justify-content: space-between;"> 22 23 24 </div> <div style="display: flex; justify-content: space-between;"> 25 26 27 </div> <div style="display: flex; justify-content: space-between;"> 28 29 30 </div> <div style="display: flex; justify-content: space-between;"> 31 32 33 </div> <div style="display: flex; justify-content: space-between;"> 34 35 36 </div> <div style="display: flex; justify-content: space-between;"> 37 38 39 </div> <div style="display: flex; justify-content: space-between;"> 40 41 42 </div> <div style="display: flex; justify-content: space-between;"> 43 44 45 </div> <div style="display: flex; justify-content: space-between;"> 46 47 48 </div> <div style="display: flex; justify-content: space-between;"> 49 50 51 </div> <div style="display: flex; justify-content: space-between;"> 52 53 54 </div> <div style="display: flex; justify-content: space-between;"> 55 56 57 </div> <div style="display: flex; justify-content: space-between;"> 58 59 60 </div> <div style="display: flex; justify-content: space-between;"> 61 62 63 </div> <div style="display: flex; justify-content: space-between;"> 64 65 66 </div> <div style="display: flex; justify-content: space-between;"> 67 68 69 </div> <div style="display: flex; justify-content: space-between;"> 70 71 72 </div> <div style="display: flex; justify-content: space-between;"> 73 74 75 </div> <div style="display: flex; justify-content: space-between;"> 76 77 78 </div> <div style="display: flex; justify-content: space-between;"> 79 80 81 </div> <div style="display: flex; justify-content: space-between;"> 82 83 84 </div> <div style="display: flex; justify-content: space-between;"> 85 86 87 </div> <div style="display: flex; justify-content: space-between;"> 88 89 90 </div> <div style="display: flex; justify-content: space-between;"> 91 92 93 </div> <div style="display: flex; justify-content: space-between;"> 94 95 96 </div> <div style="display: flex; justify-content: space-between;"> 97 98 99 </div> <div style="display: flex; justify-content: space-between;"> 100 101 102 </div> <div style="display: flex; justify-content: space-between;"> 103 104 105 </div> <div style="display: flex; justify-content: space-between;"> 106 107 108 </div> <div style="display: flex; justify-content: space-between;"> 109 110 111 </div> <div style="display: flex; justify-content: space-between;"> 112 113 114 </div> <div style="display: flex; justify-content: space-between;"> 115 116 117 </div> <div style="display: flex; justify-content: space-between;"> 118 119 120 </div> <div style="display: flex; justify-content: space-between;"> 121 122 123 </div> <div style="display: flex; justify-content: space-between;"> 124 125 126 </div> <div style="display: flex; justify-content: space-between;"> 127 128 129 </div> <div style="display: flex; justify-content: space-between;"> 130 131 132 </div> <div style="display: flex; justify-content: space-between;"> 133 134 135 </div> <div style="display: flex; justify-content: space-between;"> 136 137 138 </div> <div style="display: flex; justify-content: space-between;"> 139 140 141 </div> <div style="display: flex; justify-content: space-between;"> 142 143 144 </div> <div style="display: flex; justify-content: space-between;"> 145 146 147 </div> <div style="display: flex; justify-content: space-between;"> 148 149 150 </div> <div style="display: flex; justify-content: space-between;"> 151 152 153 </div> <div style="display: flex; justify-content: space-between;"> 154 155 156 </div> <div style="display: flex; justify-content: space-between;"> 157 158 159 </div> <div style="display: flex; justify-content: space-between;"> 160 161 162 </div> <div style="display: flex; justify-content: space-between;"> 163 164 165 </div> <div style="display: flex; justify-content: space-between;"> 166 167 168 </div> <div style="display: flex; justify-content: space-between;"> 169 170 171 </div> <div style="display: flex; justify-content: space-between;"> 172 173 174 </div> <div style="display: flex; justify-content: space-between;"> 175 176 177 </div> <div style="display: flex; justify-content: space-between;"> 178 179 180 </div> <div style="display: flex; justify-content: space-between;"> 181 182 183 </div> <div style="display: flex; justify-content: space-between;"> 184 185 186 </div> <div style="display: flex; justify-content: space-between;"> 187 188 189 </div> <div style="display: flex; justify-content: space-between;"> 190 191 192 </div> <div style="display: flex; justify-content: space-between;"> 193 194 195 </div> <div style="display: flex; justify-content: space-between;"> 196 197 198 </div> <div style="display: flex; justify-content: space-between;"> 199 200 201 </div> <div style="display: flex; justify-content: space-between;"> 202 203 204 </div> <div style="display: flex; justify-content: space-between;"> 205 206 207 </div> <div style="display: flex; justify-content: space-between;"> 208 209 210 </div> <div style="display: flex; justify-content: space-between;"> 211 212 213 </div> <div style="display: flex; justify-content: space-between;"> 214 215 216 </div> <div style="display: flex; justify-content: space-between;"> 217 218 219 </div> <div style="display: flex; justify-content: space-between;"> 220 221 222 </div> <div style="display: flex; justify-content: space-between;"> 223 224 225 </div> <div style="display: flex; justify-content: space-between;"> 226 227 228 </div> <div style="display: flex; justify-content: space-between;"> 229 230 231 </div> <div style="display: flex; justify-content: space-between;"> 232 233 234 </div> <div style="display: flex; justify-content: space-between;"> 235 236 237 </div> <div style="display: flex; justify-content: space-between;"> 238 239 240 </div> <div style="display: flex; justify-content: space-between;"> 241 242 243 </div> <div style="display: flex; justify-content: space-between;"> 244 245 246 </div> <div style="display: flex; justify-content: space-between;"> 247 248 249 </div> <div style="display: flex; justify-content: space-between;"> 250 251 252 </div> <div style="display: flex; justify-content: space-between;"> 253 254 255 </div> <div style="display: flex; justify-content: space-between;"> 256 257 258 </div> <div style="display: flex; justify-content: space-between;"> 259 260 261 </div> <div style="display: flex; justify-content: space-between;"> 262 263 264 </div> <div style="display: flex; justify-content: space-between;"> 265 266 267 </div> <div style="display: flex; justify-content: space-between;"> 268 269 270 </div> <div style="display: flex; justify-content: space-between;"> 271 272 273 </div> <div style="display: flex; justify-content: space-between;"> 274 275 276 </div> <div style="display: flex; justify-content: space-between;"> 277 278 279 </div>									
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM <div style="border: 1px solid black; padding: 2px; text-align: center;"> 3 RCRA </div>	MICHIGAN DEPARTMENT OF NATURAL RESOURCES <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">DNR</div>	<div style="border: 1px solid black; padding: 2px;"> I. EPA I.D. NUMBER <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> F M I D O 7 4 2 5 9 5 6 5 </div> </div>							
FOR OFFICIAL USE ONLY									
APPLICATION DATE RECEIVED APPROVED (yr. mo. & day)		COMMENTS							
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
II. FIRST OR REVISED APPLICATION									
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility EPA I.D. Number in Item I above.									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. FIRST APPLICATION (place an "X" below and provide the appropriate data) <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> yr. mo. day 8 7 6 0 9 1 5 </div> <div> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) </div> </div> </div> <div style="width: 45%;"> <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> yr. mo. day </div> <div> FOR NEW FACILITY, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN </div> </div> </div> </div>									
B. REVISED APPLICATION <input checked="" type="checkbox"/> 1.									
III. PROCESSES - CODES AND DESIGN CAPACITIES									
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).									
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.									
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.									
PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY				
Storage:			Treatment:						
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY				
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY				
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR				
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY				
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)						
INJECTION WELL	D79	GALLONS OR LITERS							
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER							
LAND APPLICATION	D81	ACRES OR HECTARES							
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY							
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS							
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE				
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A				
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F				
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B				
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	G				
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H						
C D U P									
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </div>									
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	46,000	G		7				
2	S 0 2	34,000	G		8				
3	T 0 1	144,000	G		9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7	8, 9, 9, 9 (specify)	7	(specify)
Services, NEC (see Item XII)			
C. THIRD		D. FOURTH	
	(specify)	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 DYNECOL INC		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE		A 3 1 3 5 7 1 7 1 4 0	
E. STREET OR P.O. BOX			
6 5 2 0 GEORGIA			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
8 DETROIT		MI	4 8 2 1 1
		<input checked="" type="checkbox"/> INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

IX. OWNERSHIP

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 PVS CHEMICALS INC		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E. STREET OR P.O. BOX			
1 1 0 0 1 HARPER AVE			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
8 DETROIT		MI	4 8 2 1 3
		A 3 1 3 9 2 1 1 2 0 0	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N	N/A	9 P	N/A
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U	N/A	9	AIR PERMIT (specify) See Appendix A.1
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R	N/A	9	SEWER DISCHARGE (specify) See Appendix A.1

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. SEE ATTACHED FIGURES

XII. NATURE OF BUSINESS (provide a brief description)

1. TRANSPORTER - Off-site transportation of hazardous waste (by highway).
2. STORAGE - Holding of hazardous waste for a temporary period, at the end of which the hazardous waste is treated, and/or disposed of.
3. TREATMENT - Technique or process, including neutralization, designed to change the physical, chemical, or biological character of composition of hazardous waste, so as to neutralize such waste or as to render such waste non-hazardous.

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W M I D 0 7 4 2 5 9 5 6 5										W DUP									
V. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D 0 0 2	11,520,000	P	S	0	2	T	0	1										
2	D 0 0 4	5,760,000	P	S	0	2	T	0	1										
3	D 0 0 5	5,760,000	P	S	0	2	T	0	1										
4	D 0 0 6	5,760,000	P	S	0	2	T	0	1										
5	D 0 0 7	5,760,000	P	S	0	2	T	0	1										
6	D 0 0 8	5,760,000	P	S	0	2	T	0	1										
7	D 0 0 9	5,760,000	P	S	0	2	T	0	1										
8	D 0 1 0	5,760,000	P	S	0	2	T	0	1										
9	D 0 1 1	5,760,000	P	S	0	2	T	0	1										
10	K 0 6 2	224,640,000	P	S	0	2	T	0	1										
11	F 0 0 6	2,880,000	P	S	0	2	T	0	1									Waste must contain less than 20 mg/l total cyanides	
12	F 0 1 9	2,880,000	P	S	0	2	T	0	1									Waste must contain less than 20 mg/l total cyanides	
13	0 0 1 D	5,760,000	P	S	0	2	T	0	1										
14	0 0 3 D	5,760,000	P	S	0	2	T	0	1										
15		1,772,000	P	S	0	1												See Table A.1 for listing of all waste codes which potentially are stored in the container storage facility. (Appendix C.1)	
16																			
17		66,000,000	P	S	0	2	T	0	1									See Table A.2 for listing	
18																		of all additional TC waste	
19																		codes which potentially can	
20																		be stored and treated in the	
21																		treatment facility.	
22																			
23																			
24																			
25																			
26																			

FORM 1 GENERAL	DNR	MICHIGAN DEPARTMENT OF NATURAL RESOURCES (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER F M I D 0 7 4 2 5 9 5 6 5 1 D
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APPLICATION FOR HAZARDOUS WASTE
TREATMENT, STORAGE OR DISPOSAL FACILITY
CONSTRUCTION PERMIT OR OPERATING LICENSE

II. CONSTRUCTION PERMIT OR OPERATING LICENSE APPLICATION (check one)

- A. ☐ CONSTRUCTION PERMIT APPLICATION
B. ☒ OPERATING LICENSE APPLICATION

If this is an operating license application, mark an X in the appropriate box:

1. ☐ FIRST APPLICATION (NEW FACILITY)
2. ☐ FIRST APPLICATION (EXISTING FACILITY)
3. ☐ RENEWAL APPLICATION
4. ☒ APPLICATION FOR LICENSE REVISION
5. ☐ RESEARCH, DEVELOPMENT & DEMONSTRATION LICENSE APPLICATION

III. NAME OF FACILITY

1 ☐ SKIP D Y N E C O L I N C

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	B I E R M A N N F R A N K P R E S I D E N T	3 1 3	5 7 1 7 1 4 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	6 5 2 0 G E O R G I A	4	D E T R O I T	M I	4 8 2 1 1

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	6 5 2 0 G E O R G I A	W A Y N E	6	D E T R O I T	M I	4 8 2 1 1		

VII. TITLEHOLDER OF LAND

A. NAME		B. STREET OR P.O. BOX		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. PHONE (area code & no.)
8	P V S C H E M I C A L S I N C	1	0 0 1 H A R P E R A V E	3	D E T R O I T	M I	4 8 2 1 3	3 1 3 9 2 1 1 2 0

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FMID07425956516

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). See attached T1

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). See Appendix A.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 23 03 5

LONGITUDE (degrees, minutes, & seconds)

083 01 05 6

VIII. GENERAL INFORMATION

Attach each of the following as separate attachments to the application:

- | | | |
|---------------------------------|----------------------------|-------------------------------|
| 1. General facility description | 6. Contingency plan | 11. Closure/post-closure plan |
| 2. Chemical & physical analysis | 7. Preparedness/prevention | 12. Cost estimates |
| 3. Waste analysis plan | 8. Traffic information | 13. Liability mechanism |
| 4. Security procedures | 9. Location information | 14. Financial assurance |
| 5. Inspection schedule | 10. Training program | 15. Topographic map |

IX. SUPPLEMENTAL INFORMATION

Attach for all applications:

1. Hydrogeological report
2. Environmental assessment
3. Environmental monitoring program
4. Engineering plans

Attach for operating license applications only:

1. For new facilities, construction certification
2. Capability certification/compliance schedule
3. Proof of other permits or licenses
4. Restrictive covenant (landfills only)

X. FACILITY SPECIFIC INFORMATION

Attach the required technical information for each of the following:

- | | |
|--------------------------------------|-------------------------|
| 1. Containers | 5. Surface impoundments |
| 2. Tanks | 6. Waste piles |
| 3. Incineration or thermal treatment | 7. Landfills |
| 4. Treatment | 8. Land treatment |

XIII. FEE INFORMATION (check A or B)

A. ☐ CONSTRUCTION PERMIT FEE

1. ☐ COST OF REVIEW

2. ☐ FIXED FEE (complete the following)

FEE

a. Check type of facility:

☐ Land Disposal (\$9,000)

\$ _____

☐ Incineration or other treatment (\$7,200)

\$ _____

☐ Storage (\$500)

\$ _____

b. Site size _____ acres (see fee schedule)

\$ _____

c. Projected waste volume (see fee schedule)

_____ Gallons/day

\$ _____

OR _____ Cubic yards/day

\$ _____

d. Hydrogeological characteristics for land disposal

☐ Natural Clay

☐ Sand

☐ Compacted Clay

☐ Artificial Liner

\$ _____

e. For treatment or storage facilities:

Is there surface water on the site?

☐ No

☐ Yes (\$75)

\$ _____

TOTAL FIXED FEE COST:

\$ _____

B. OPERATING LICENSE FEE

\$ _____

XIV. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Frank J. Biermann

President

B. SIGNATURE

Frank J. Biermann

C. DATE SIGNED

9/24/90

XV. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Allan A. Schlumberger

Vice President

B. SIGNATURE

Allan A. Schlumberger

C. DATE SIGNED

9/24/90

XVI. TITLEHOLDER OF LAND CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Allan A. Schlumberger

Vice President

B. SIGNATURE

Allan A. Schlumberger

C. DATE SIGNED

9/24/90

November 4, 1986

Dynecol, Inc.
6520 Georgia Street
Detroit, MI 48211

Mr. David Stringham
U.S.E.P.A. - Region V
RCRA Activities
A-3587
5-HS-13
230 South Dearborn St.
Chicago, Illinois 60690

G TR PA MID074259565

Dear Mr. Stringham:

Enclosed with this letter are revised Part A Application Forms 1 and 3 .

These forms are to revise two (2) items in our current Part A application:

1. The facility name has been changed from Waste Acid Services, Inc. to DYNECOL, INC.;
2. Two (2) additional waste streams not previously identified in Part A of the permit application will be treated at this facility at some future date after submittal of the revised Part A permit application, in accordance with the provisions of 40 CFR 270.72 (a).

If there are any questions, do not hesitate to contact me.

Sincerely,

Wayne D. Laraway

Wayne D. Laraway, President

RECEIVED

NOV 17 1986

U.S. EPA, REGION V

*Name Change
has been
Incorporated.*

PART A AMENDMENTS

DYNECOL

Fac. Name Waste Acid Services INC. I.D. # MID074259565

Application

Date
Received

10/03/1981

Date of
ADP Input

Filed (check)

X

Amendments

Date
Received

6/2/83

10/29/84

11/4/86

Date of Tech
Staff Approval (if
necessary)

Date of
ADP Input

Filed (check)

✓

✓

✓

FOR: GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FM ID 074259565	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS	MARK 'X'
	YES NO FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

III. NAME OF FACILITY	
1 SKIP	DYNECOL, INC.

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 LARAWAY, WAYNE D. PRESIDENT	313 571 7141

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	B. CITY OR TOWN
3	4

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5	6

7 (specify)										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME										3. Is the name listed in Item VIII-A also owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
8 D YNECOL, INC.										55 56									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										C A 15 16 17 18 19 20 21 22 23									

E. STREET OR P.O. BOX									
-----------------------	--	--	--	--	--	--	--	--	--

F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B																														Is the facility located on Indian lands? <input type="checkbox"/> YES <input type="checkbox"/> NO									
										40 41 42 43 44 45 46 47 48 49 50 51										52																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

--	--	--	--	--	--	--	--	--	--

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Wayne D. Laraway, President										X Wayne D. Laraway										11-12-86									

COMMENTS FOR OFFICIAL USE ONLY

C									
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35									



DYNECOL, INC.

6520 GEORGIA STREET
DETROIT, MICHIGAN 48211
(313) 571-7141

September 9, 1986

Regional Administrator
U.S. Environmental Protection Agency
Region 5
230 South Dearborn Street
Chicago, Illinois 60604

Re: MID 074259565 *TR, TSD, PA*

Dear Sirs:

Waste Acid Services, Inc. is in the process of changing our name to Dynecol, Inc. Insurance coverage meeting PA. 136 and Act 64 requirements for both vehicles and operating facility remain intact, and certificates of coverage are being prepared in our new name.

Please note that this change is strictly limited to a change of name, as ownership and operation remain the same.

Several generators have already begun to use our new name, Dynecol, Inc. on manifests. Accordingly, we trust that you will accept either name on documents and vehicles during the transition period.

Should you require any other forms or documentation, please do not hesitate to contact me.

Yours Very Truly,

W.D. Laraway

Wayne D. Laraway
President

WDL/mag

*Called facility
on 10-15-86, spoke
to Floyd Lytle, request
an Amended Part A,
with name change.
M.V.*

RECEIVED
SEP 15 1986

SOLID WASTE DIVISION
U.S. EPA, REGION V

RECEIVED
SEP 15 1986

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

FORM 3 RCRA	EPA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F M I D 0 7 4 2 5 9 5 6 5 1											

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
I									
1 2 3 4 5 6 7 8 9 10									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	80,000	G		7				
2	T 0 1	144,000	U		8				
3					9				
4					10				

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OCT 29 1984
WMD-RAIU
EPA, REGION V

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. 12	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
<div>3</div> <div>W M T D 0 7 4 2 5 9 5 6 5</div> <div>13 14 15</div> <div>1</div>													<div>6</div> <div>DUP</div> <div>13 14 15 16 17 18 19 20 21 22</div> <div>2</div> <div>DUP</div>									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
	23	24	25	26			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
							27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
1	K	0	6	2	78,000	T	S	0	2	T	0	1										
2	D	0	0	2	26,000	T	S	0	2	T	0	1										
3	D	0	0	4	26,000	T	S	0	2	T	0	1										
4	D	0	0	5																		INCLUDED WITH ABOVE
5	D	0	0	6																		"
6	D	0	0	7																		"
7	D	0	0	8																		"
8	D	0	0	9																		"
9	D	0	1	0																		"
10	D	0	1	1																		"
11																						
12																						
13																						
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22																						
23																						
24																						
25																						
26																						

IV. DESCRIPTION OF HAZARDOUS WASTES (Continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	7	4	2	5	9	5	6	5	T/A	C

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

68	66	67	68	69	70	71
----	----	----	----	----	----	----

72	73	74	75	76	77	78
----	----	----	----	----	----	----

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

68	66	67	68	69	70	71
----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

68	66	67	68	69	70	71
----	----	----	----	----	----	----

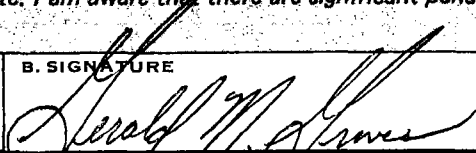
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Gerald M. Groves, President

B. SIGNATURE



C. DATE SIGNED

10/23/84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing, do not have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA ID. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W M I D O 7 4 2 5 9 5 6 5 1										W DUP 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	K	0	6	2	78,000	T	S	0	2	T	0	1							
2	D	0	0	4	26,000	T	S	0	2	T	0	1	INCLUDED WITH ABOVE						
3	D	0	0	5									"						
4	D	0	0	6									"						
5	D	0	0	7									"						
6	D	0	0	8									"						
7	D	0	0	9									"						
8	D	0	1	0									"						
9	D	0	1	1									"						
10	D	0	0	2	26,000	T	S	0	2	T	0	1							
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	7	4	2	5	9	5	6	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	P	R	E	S	S	U	R	E	S	E	S	V	E	S	E	S	I	C	E	S	.	I	N	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	

3	1	3	-	9	2	1	-	1	2	0	0
26	27	28	29	30	31	32	33	34	35	36	37

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	6	4	7	3	A	n	s	t	e	l
38	39	40	41	42	43	44	45	46	47	48	49

C	G	D	e	t	r	o	i	t
50	51	52	53	54	55	56	57	

M	I	4	8	2	1	3
60	61	62	63	64	65	66

IX. OWNER CERTIFICATION

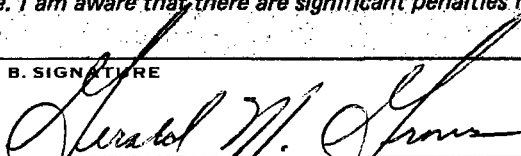
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Gerald M. Groves



May 26, 1983

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Gerald M. Groves

WASTE ACID SERVICES

6520 GEORGIA DETROIT, MICHIGAN 48211

GERALD M. GROVES
President

October 23, 1984

Phone
313 571-7140

Mr. David Homer
U.S.E.P.A.-Region V
P.O. Box 35878
Chicago, IL 60690

RECEIVED

MID 074259565 TRS, TSD, PA OCT 29 1984

WMD-RAIU
EPA, REGION V

Dear Mr. Homer:

A revised RCRA-Part A application is being submitted at this time and is enclosed with this letter.

This revised Part A application does not reflect changes in processing methods nor in design capacity at Waste Acid Services. The information specified on the revised application is clarified below.

Form 3, Page 1, Item III-C

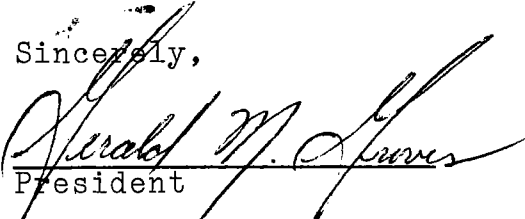
Line 2.B.1.-Change "Process Design Capacity" from 120,000 to 144,000 gallons per day. Our previously revised Part A application specified 120,000 gallons per 20 hour day. This revised Part A specifies our design capacity based upon a 24 hour day.

Form 3, Page 3, Item IV

Lines 3 through 10, A, B, C, D,-Add hazardous Waste types D004 through D011. Add additional estimated annual quantities of liquid solutions containing EP Toxic metals.

Please note that the design capacity specified on this revised Part A application is to correct the previously submitted information. We have not increased our design capacity during interim status.

Sincerely,


President

GMG/dg
Enclosures



HAULERS OF WASTE ACIDS

ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL INFORMATION		F M I D O 7 6 3 9 3 4 8 7	
(Read the "General Instructions" before starting.)		1 2 13 14 15	
I. EPA I.D. NUMBER		GENERAL INSTRUCTIONS	
II. FACILITY NAME		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY MAILING ADDRESS			
IV. FACILITY LOCATION			
NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS.			
WASTE ACID SERVICES, INC.			
STREET ADDRESS:			
6520 GEORGIA			
CITY, STATE, & ZIP CODE:			
DETROIT, MICHIGAN 48211			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP
---	------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first & title)				B. PHONE (area code & no.)			
2	GR O V E S	GERALD	P R E S I D E N T	3	1 3	5 7 1	7 1 4 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	6	5	2 0 G E O R G I A	4	D E T R O I T	MI	4 8 2 1 1

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME			
5	6	5	2 0 G E O R G I A	6	W A Y N E		

C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	D E T R O I T	MI	4 8 2 1 1			

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
(specify)				(specify)			
7 SEE-XII - NATURE of BUSINESS				7			
C. THIRD				D. FOURTH			
(specify)				(specify)			
7				7			

VIII. OPERATOR INFORMATION

A. NAME (Last, first, middle initial) GERALD MARVIN GROVES												B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate code into the answer box; if "Other", specify.) F - FEDERAL M - PUBLIC (other than federal or state) P (specify) S - STATE O - OTHER (specify) A 3 1 3 5 7 1 7 1 4 0 P - PRIVATE													
D. STREET OR P.O. BOX 6 5 2 0 G E O R G I A													
E. CITY OR TOWN D E T R O I T										F. STATE M I		G. ZIP CODE 4 8 2 1 1	
H. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N A										D. PSD (Air Emissions from Proposed Sources) N A									
C. UIC (Underground Injection of Fluids) N A										E. OTHER (specify) (specify) DNR Mich Dept of Natural Resources									
G. RCRA (Hazardous Wastes) P 0 0 4 2 MICH DNR										H. OTHER (specify) H 1 4 3 MICH DNR									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

1. TRANSPORTER - Engaged in the OFF-SITE transportation of hazardous waste by highway
2. STORAGE - Holding of hazardous waste for a temporary period, at the end of which the hazardous waste is treated, and disposed of.
3. TREATMENT - Technique or process, including neutralization, designed to change the physical, chemical, or biological character of composition of any hazardous waste, so as to neutralize such waste or as to render such waste non-HAZARDOUS.

XIII. CERTIFICATION (see instructions)

I, the undersigned, declare that I have personally examined and am familiar with the information submitted in this application, and all information contained herein is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Gerald M. Groves President		B. SIGNATURE 		C. DATE SIGNED 8/27/80	
---	--	------------------	--	---------------------------	--

WASTE ACID SERVICES

6520 GEORGIA DETROIT, MICHIGAN 48211

GERALD M. GROVES
President

Phone
(313) 571-7140

c/o Mr. David Homer
RCRA Activities
U.S.E.P.A. - Region V
P. O. Box 35873
Chicago, Il. 60690

May 26, 1983

RECEIVED

MID 074 259 565 PA, JUN 2 1983

Re: Revised Part A Application ^{TR TSD} _{PAS 1} WASTE MANAGEMENT BRANCH
EPA, REGION V

Dear Mr. Homer:

A revised Part A RCRA Application is being submitted in order to correct information submitted on the original Part A Application.

This revised Part A does not reflect changes in processing methods, nor design capacity, nor type of waste material being processed at this facility. The information specified on the attached revised Part A Application is clarified as follows.

Form 3, Page 1, Item I - The E.P.A. I.D. Number is corrected to show the EPA ID No. which was reassigned by the EPA in 1981.

Form 3, Page 1, Item III C,
Line 1.B.1. - Change "Process Design Capacity"
from 40,000 gallons to 80,000 gallons of storage
in tanks (incorrect totals for storage capacity
were submitted on the original Part A Application).

Line 2.B.1,2. - Change "Process Design Capacity"
from "40,000 gallons" to "120,000 gallons per day"
for treatment in tanks (the volumetric capacity of
process tanks was originally reported rather than
the flow rate design capacity in gallons per day,
which is provided at this time).

RECEIVED
6/02/83



HAULERS OF WASTE ACIDS

Form III, Page 3, Item IV

Line 1.B,C,D.1 - Change "Estimated Annual Quantity,"
"Unit of Measure," and "Process Code" to: 78,000
ton per year, maximum estimated quantity of K062
stored in tanks prior to treatment in tanks

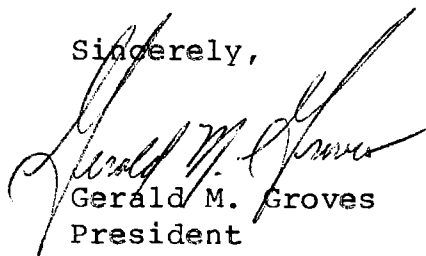
Lines 2-9.A,D.2 - Include hazardous waste E.P. Toxic
Characteristics which may be contained in K062

Line 10.A,B,C,D.1 - Include D002 which is caustic
used as neutralizing reagent, stored in tanks
prior to neutralization in tanks

This information was submitted in August of 1981, to the
Michigan Department of Natural Resources as part of our
hazardous waste management facility operating license applica-
tion as required by Michigan Act 64. This state Act required
emergency containment of neutralization tank contents as
specified in Act 64 Rule 425 (7) which states: "A treatment
facility shall have the capacity to receive emergency transfer
of all reactor contents and shall have emergency storage
capacity to be used in the event of an equipment breakdown or
malfunction." Tanks were procured and designed for this pur-
pose.

I must reiterate at this time that no changes have been
made in treatment processes, design capacity or type of
hazardous waste handled at this facility during the period
of interim status, November 19, 1980 to the present.

Sincerely,



Gerald M. Groves
President

GMG/pf

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			FM ID 0 70 3 93 4 97 T/A C 1											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
		MID074259565

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C	YR. MO. DAY	C	YR. MO. DAY
8	7 6 0 9 1 5		
15	73 74 75 76 77 78	15	73 74 75 76 77 78
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS	(POTW) Publicly Owned Treatment Works		
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C															DUP															T/A C			1		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32															1			2		
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY										
		1. AMOUNT (specify)					2. UNIT OF MEA- SURE (enter code)								1. AMOUNT					2. UNIT OF MEA- SURE (enter code)															
X-1	S	0	2	600						G		5																							
X-2	T	0	3	20						E		6																							
1	S	0	2	40,000						G		7																							
2	T	0	1	40,000						G		8																							
3												9																							
4												10																							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

NA

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
M10074259565										DUP									
WASTE 0-7-03-9-3410-1										DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	K 0 6 2	6,000,000	G	T 01															
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
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18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

MID074259565

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	7	4	2	5	9	5	6	5
1	2	3	4	5	6	7	8	9	10	11	12	13	14

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14
E	P	R	E	S	S	U	R	E	S	S	E	S	S
15	16	17	18	19	20	21	22	23	24	25	26	27	28

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

1	2	3	4	5	6	7	8	9	10	11	12	13	14
F	6	4	7	3	A	N	S	T	E	L	L		
15	16	17	18	19	20	21	22	23	24	25	26	27	28

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GERALD M. GROVES

X. OPERATOR CERTIFICATION

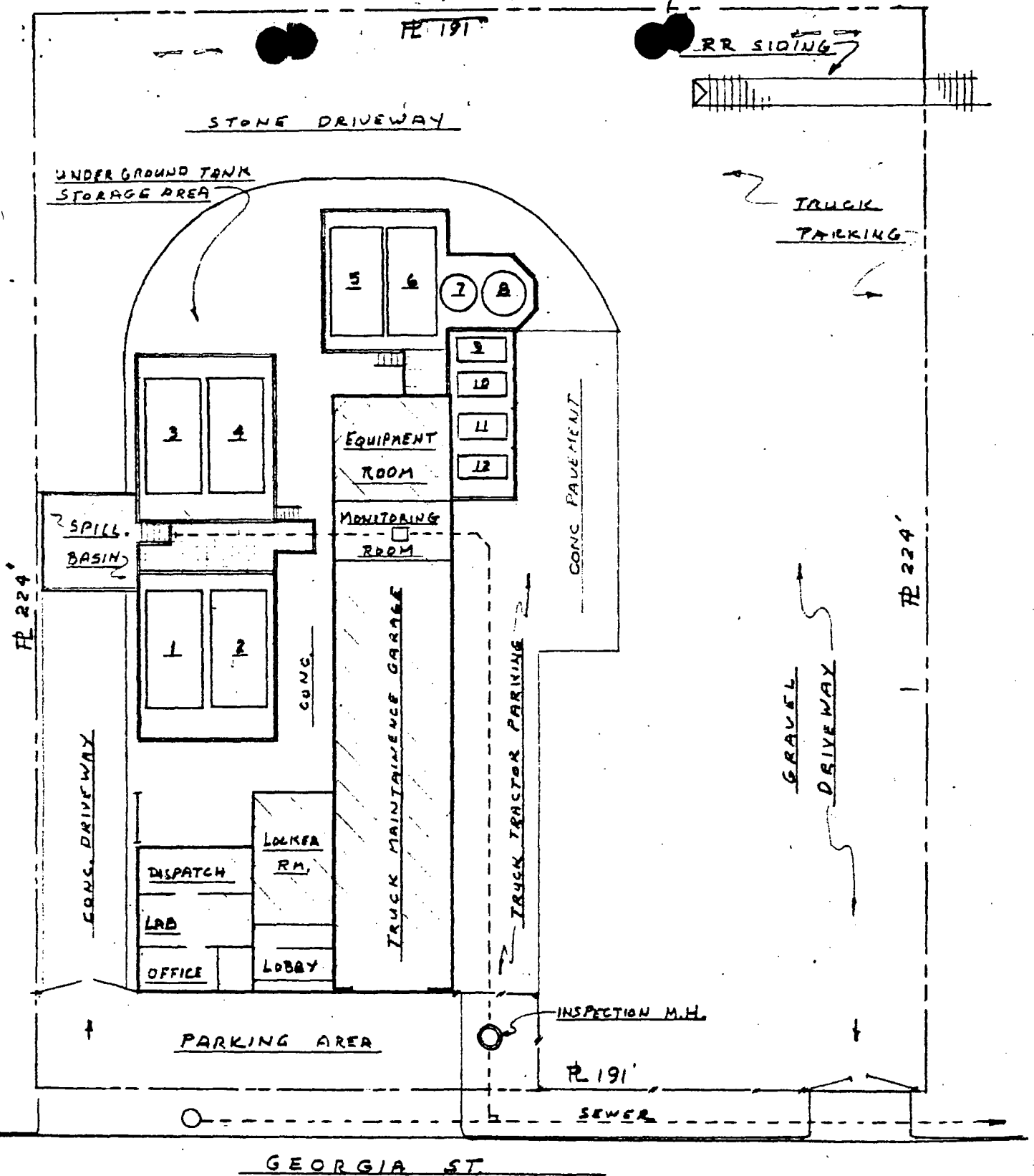
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GERALD M. GROVES



ABOVE GROUND TANKS:

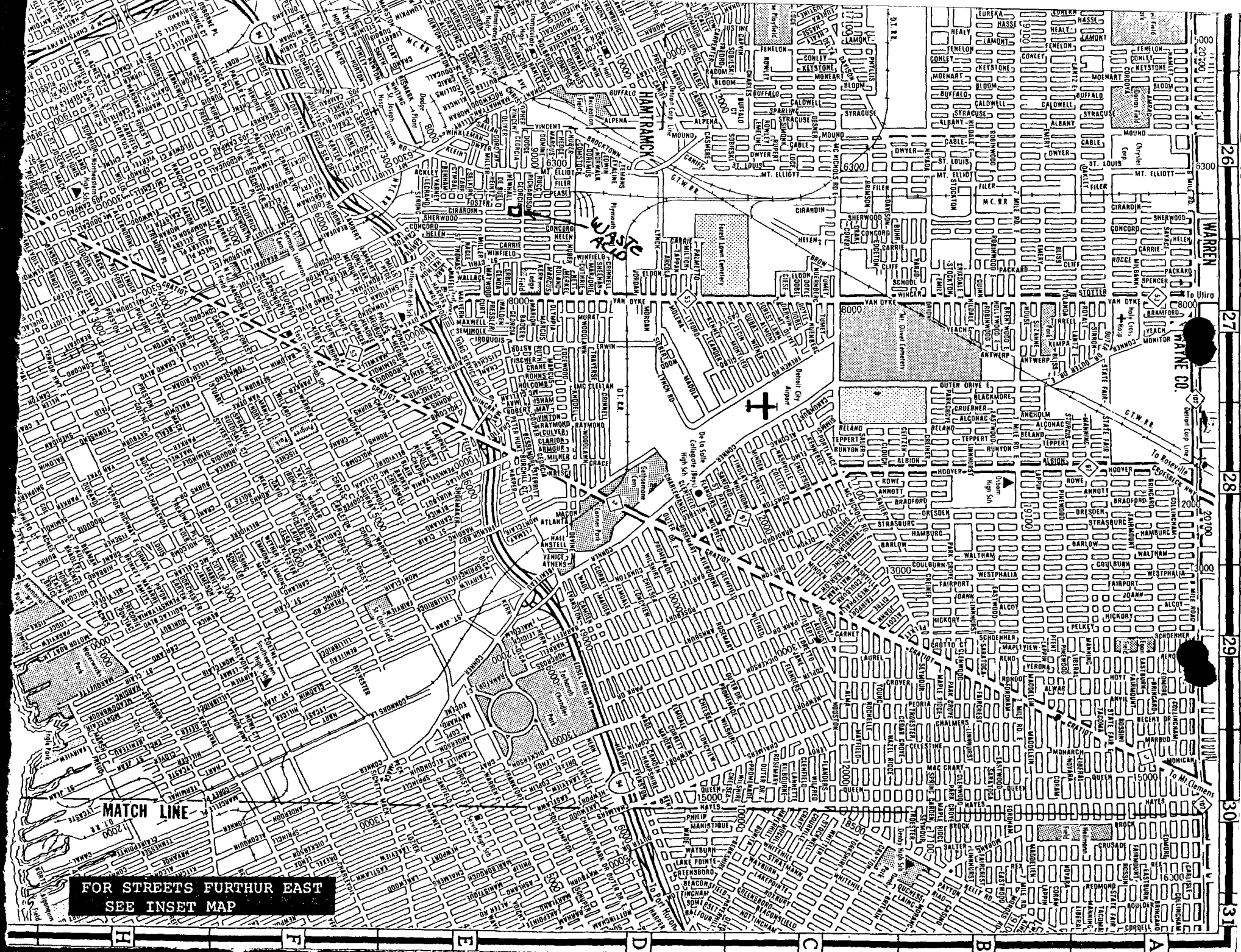
- #1 - 20000 GAL. CAUSTIC STORAGE
- #2 - " " " "
- #3 - 20000 GAL. "TREAT-TANKS" (NEUTRALIZING)
- #4 - " " " "
- #5 - 15000 GAL. CAUSTIC STORAGE
- #6 - " " " "
- #7 - 10000 GAL. SPARE
- #8 - 10000 GAL. FUEL OIL
- #9, 10, 11, & 12 4000 GAL TANKS - UNUSED.

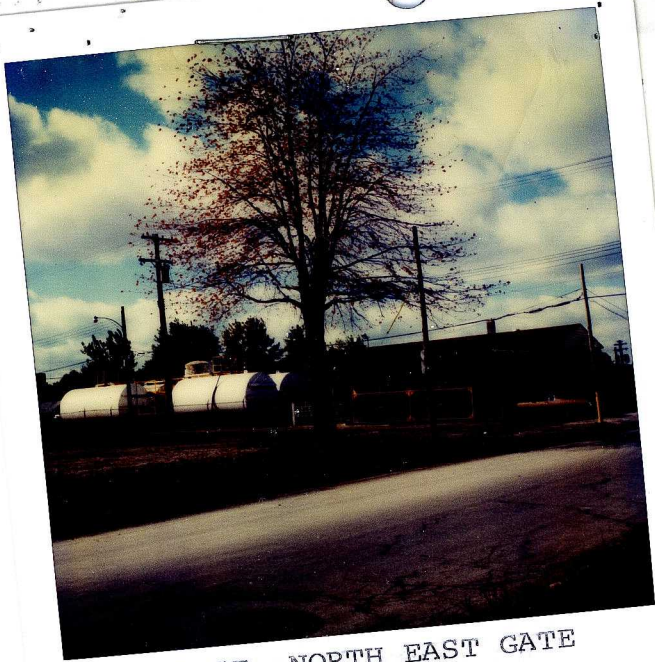
NOTE:

11-12000 GAL. U.G. STORAGE TANKS LOCATED UNDER THE ABOVE GROUND TANK STORAGE AREA. PARTIALLY IN-ACTIVE

SCALE 1" = 30'

WASTE ACID SERVICES
6520. GEORGETA ST.
DETROIT, MICH. SEPT. 80

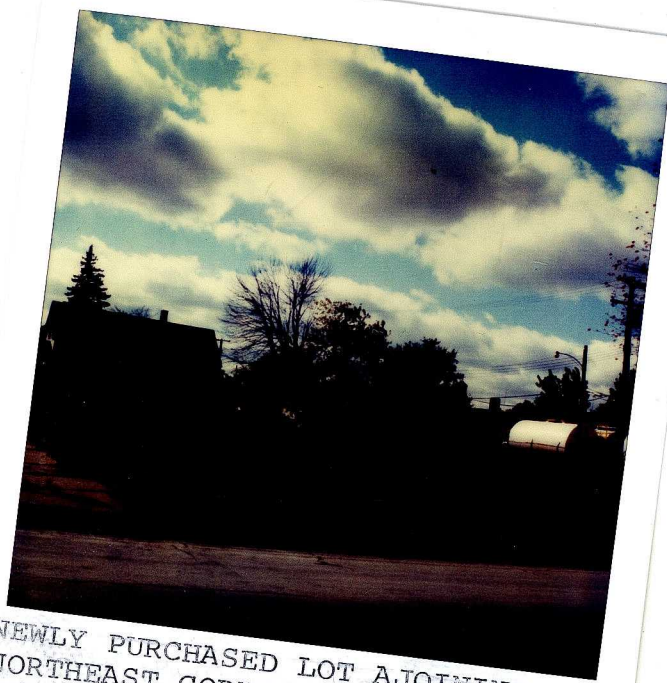




GEORGIA ST. NORTH EAST GATE
SHOWING STORAGE TANKS &
TREATMENT TANKS



FRONT VIEW OF BUILDINGS &
PARKING LOT FROM GEORGIA ST.
NORTH WEST CORNER from GEORGIA ST.



NEWLY PURCHASED LOT AJJOINING
NORTHEAST CORNER OF PROPERTY
NORTHEAST CORNER OF SHERWOOD &
NEW (PARKING LOT) GEORGIA

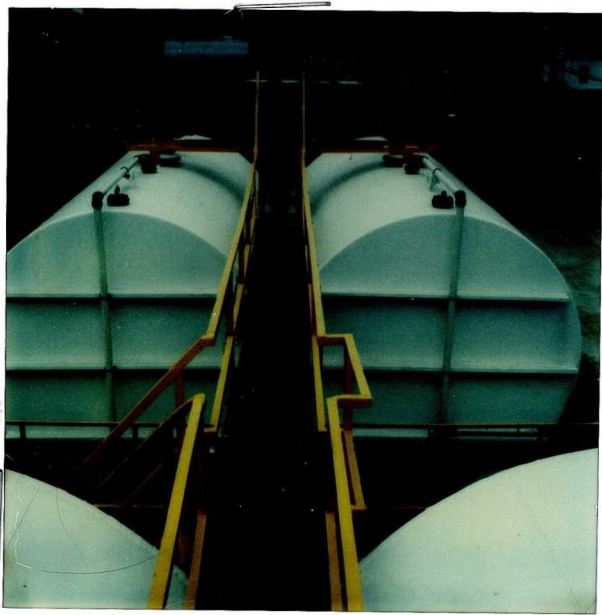


LOOKING EAST -
2 STORAGE TANKS - 20,000 gal cap.
2 TREATMENT TANKS - 20,000 gal
cap.

WASTE ACID SERVICES
P.O. BOX 8138 · DETROIT, MICHIGAN 48213

GERALD M. GROVES
President

Phone:
885-2970



LOOKING NORTH -
2 TREATMENT TANKS - 20,000 gal
capacity



South west corner of parking lot
4 small TANKS ALSO UPRIGHT
FUEL (DIESEL) STORAGE TANK



SOUTH WEST CORNER OF PARKING LOT
4 (UNUSED) 4,000 gal TANKS
VERTICAL 8,000 gal DIESEL FUEL
TANK

WASTE ANALYSIS PLAN

265.13(b) A detailed chemical and physical analysis must contain all information known to treat, store or dispose of waste handled.

Tank truck unloads (spent sulphuric) (H_2SO_4) (UN 1832) waste acid into above ground storage tanks. A sample has been taken by the driver, which he brings into the office. This sample is then tested by running a titration test, checking for the percentage of acid content. The acid percent is written on each sample along with the date and Generators name. (This is also noted on each invoice and noted in our daily log book.) A base chemical is added such as (Pot ash caustic soda (UN 1824)(KOH), lime slurry (UN 1907) or soda ash,) to the waste acid and aggressively activated by an air sparger, until thoroughly mixed to obtain a desirable PH balance. The resulting liquid mixture is released from the neutralizing tanks into the city sewer. Solid dropout materials resulting from neutralizing the acid are periodically recovered from the tanks, and hauled to an approved solid waste dump, all discharges into the sewer system are monitored by a PH balance detector, located in the sewer discharge line.

A four foot diameter inspection manhole is provided, at the property line, for final checking of the effluent discharging into the city sewer, which is monitored by the city.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

265.50 Applicability YES

265.51 Purpose and implementation of contingency plan:

The owner has prepared a plan to be carried out immediately that will minimize hazards to human health or the environment from fires, explosions or release of hazardous waste to air, soil or water.

265.52 Content of contingency plan:

The contingency plan includes the following actions to be implemented in response to fires, explosions or release of hazardous waste:

265.37 (a) Arrangements with local authorities:

1. The Detroit Fire and Police Departments visited the site and have agreed to respond to any emergency call that is received. They have been informed of the type of waste materials being trucked to and treated at the plant. Methods of controlling potential hazards have been reviewed and agreed upon. SPCC plans and drawings have been made available to Fire and Police Departments thus familiarizing them with the plant layout including buildings, equipment and tank storage facilities. The exits are well defined permitting quick evacuation onto Georgia Street.

2. The primary authority for handling emergency responses will be the Detroit Fire and Police details that come to the site.

3. The state emergency response teams have been alerted and agreed to respond to all emergency calls. See SPCC plan for names. Neighboring contracting companies on Georgia Street have agreed to make available trucks, dozers and other construction equipment on call.

4. St. Joseph Mercy Hospital
2200 E. Grand Blvd.
Tel. No. 923-5700

Holy Cross Hospital
4777 E. Outer Drive
Tel. No. 369-9100

These hospitals have been contacted and made aware of the properties of the hazardous waste handled at the facility and the types of injuries or illnesses that could result from fires, explosions or releases.

5. Local authorities have been cooperative in the program.

265.37 (b) Owner has prepared and implemented a SPCC which was amended to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this part.

(c) See arrangements with local authorities.

(d) Following are the names of qualified persons who will act as emergency coordinators (per 265.55 & 265.56):

Primary Coordinator

Gerald M. Groves
13311 Spruce
Southgate, MI

571-7140
923-7266

Alternate Coordinators

Robert H. Pepin
11724 Grayfield
Redford, MI

255-7740
923-7266

Mark Groves
8747 Wilray
Utica, MI

1-731-0895
923-7266

Emergency Coordinator and Emergency Procedures:

The emergency coordinator is familiar with all aspects of the operation and has been trained by experience and execution of simulated accidents to carry out duties outlined in the SPCC plan and the contingency plan. This includes procedures and methods of sounding alarms and reporting information to Fire and Police departments, city, state and federal authorities, as outlined on directions in the contingency plan and posted on the bulletin boards of the office and plant.

The coordinator will evaluate and identify the character of the accident and determine the extent of possible hazards to human health or the environment that may result from the release, fire or explosion.

265.37 (e) Following is a list of emergency equipment at facility:

1. Fire extinguishers

2. 1½" water hose - connect to city water
3. Pick-up truck
4. Tanker trucks (10)
5. Pumps located on trucks
6. Pumps located on site (2)
7. Front loaders and bulldozers located across Georgia St.
8. Spill basin (See SPCC plan)
9. Dikes around all tanks (See SPCC plan)
10. Scott Air Pac

Communications and Alarms:

1. Internal - Two way public address system between office and plant area.
2. Emergency sound alarm with activator buttons located in plant building, yard loading and unloading area and office.
3. Voice and signal contact between office and yard.
4. External - Via Telephone
5. Decontamination equipment consists of showers in buildings and water hoses in the plant.

265.37 (f) Evacuation Plan:

Emergency signals are transmitted by visual motions, voice, emergency sound alarm system and public address system. "Fire drill" types of exercises have been practiced to guide personnel off the property onto

EMERGENCY PROCEDURES

265.56 Emergency coordinator will activate all personnel on facility. If he determines the facility has had a release, fire or explosion which could threaten human health or the environment he will immediately notify the following:

1. Detroit Police Department 911
2. Detroit Fire Department 911
3. Owner of facility (operator) 571-7140
4. Government officials DNR 517-373-7660
5. National Response Center 800-424-8802
6. State hazardous waste control
contractors (See SP66 plan)

Report

When making contact with city, state and federal agencies the report must include:

1. Name and phone number of reporter.
2. Name and address of facility.
3. Time and type of incident (release, fire etc.).
4. Name and estimated quantities of materials involved.
5. Extent of injuries, if any.
6. Possible hazards to human health, or environment, outside of facility.

During an emergency the coordinator must exercise all forces to contain on-going release, fire, explosions to ensure hazard does not spread to other facilities

Georgia Street or to alternate adjacent property escape routes if emergency arises.

265.53 Copies of contingency plan:

- (a) Contingency plan is maintained at facility.
- (b) Contingency plan was submitted to local Fire and Police Departments and local emergency response teams.

265.54 Amendment of contingency plan:

Plan will be amended when necessary per 265.54.

and adjacent areas.

Coordinator must monitor for leaks, pressure build-ups, gas generation or other ruptures that may lead to additional disasters.

When emergency has been controlled, coordinator will provide for treating, storing or disposing of recovered waste materials, contaminated soil or surface water.

Owner must comply with all requirements for disposal of clean-up materials as outlined in Title 40, 265.70 including a written report as noted.

SUMMARY:

The owner is to become familiar with the rules as outlined in Title 40 "Protection of the Environment" and judiciously review these rules with his responsible operating personnel. All plant personnel will be made familiar with the contingency plan and kept abreast of emergency procedures through monthly briefings and drills led by the chief coordinator.

JOB CLASSIFICATION AND REQUIREMENTS

Gerald Groves, President - Primary Emergency Coordinator

Responsible for overall operation of facilities, personnel and rolling equipment. He sets guide lines for on-the-job training of employees that teaches them to perform their duties in a way that ensures the facilities compliance with the requirements of the contingency plan. The facility personnel are instructed in the handling of emergency equipment and taught to respond effectively to emergencies relating to potential releases, fires or explosions. In the event an emergency does occur Mr. Groves would initiate and direct the implementation of the contingency plan to reduce or minimize the danger to human health and environment.

Robert Pepion, Plant Manager - 1st Alternate Coordinator

Responsible for operation of facility, personnel and rolling equipment when the President, Mr. Groves, is away from the facility. The plant manager assists the President in on-the-job training of all personnel including handling instructional duties in teaching hazardous waste management procedures. In an emergency the plant manager will notify the President of the company, Police and Fire Departments, local emergency response teams, state and federal authorities. He directs placement of personnel needed to minimize the emergency. He would head the group in the cleaning up all hazardous waste due to the emergency and make proper reports as denoted in the contingency plan.

Mark Groves, Maintenance - 2nd Alternate Emergency
Coordinator

Responsible for condition of storage and treatment tanks located on the facility. In an emergency he would close all valves and stop all treatment and disposal operations. He would assist the mechanics in the garage and aid in moving rolling stock away from the emergency area. In case of an emergency he would notify the President of the company and follow the procedures covered in the contingency plan.

Chris Groves, Mechanic

Responsible for the readiness of the equipment and rolling stock. He has been trained to assist the coordinators in implementing the contingency plan.

Truck drivers:

Each driver is responsible for his own equipment (truck and trailer). If possible he will clear equipment from emergency area and stand ready to assist the coordinators in minimizing the emergency.

Night Supervisor, William Felton

He would call emergency coordinator and follow instructions accordingly.

Security Guard, Paul Groves

After hours he would call emergency coordinator and follow instructions.

RECEIVED

DEC 23 1980

ENFORCEMENT DIVISION
EPA REGION V

5

WASTE ACID SERVICES, INC.

6520 Georgia Street

Detroit, MI 48211

President Gerald M. Groves

313-571-7140

December 17, 1980

Sandra S. Gardebring
Director, Enforcement Division
Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

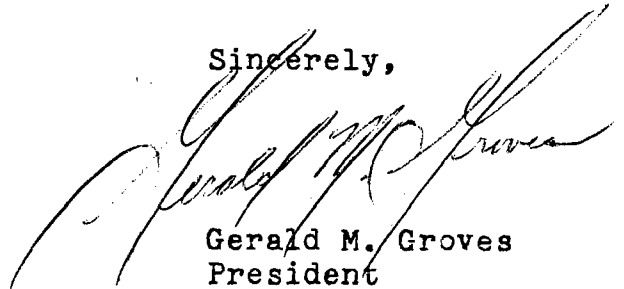
ATTENTION: SEWHME

Re: Compliance order
Waste Acid Service

Dear Ms. Gardebring,

Attached is our response to the compliance order covering the findings listed in your letter of December 5, 1980. Also enclosed is a copy of our expanded Contingency Plan which has now become part of our SPCC plan.

Sincerely,



Gerald M. Groves
President

cc: Mr. Howard Tanner, Director
Michigan Dept of Natural
Resources

December 17, 1980

TO: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION V

SUBJECT:

WASTE ACID SERVICE
6520 Georgia
DETROIT, MICHIGAN
EPA ID NO. MI D 076393487

DOCKET NO. V-W-81-R-012

1. The facility is a hazardous waste transporter and storage facility as defined by 40 C.F.R. 260.10 (a).
2. United States Environmental Protection Agency inspection on November 20, 1980 observed the following hazardous wastes to be in storage:
 - a. Corrosive waste, characterized by hazardous waste number D002
 - b. Spent pickle liquor from steel finishing operations, characterized by hazardous waste number K062.
3. The owner/operator has prepared a written waste analysis plan as required by 40 C.F.R. 265.13 (b). See Attached.
4. Pursuant to 40 C.F.R. 265.14 (c) owner/operator has posted signs at entrances and other locations that read as follows:

"Danger-Unauthorized Personnel Keep Out"
5. Pursuant to 40 C.F.R. 265.15(b) the owner/operator has provided a log-book in which daily inspections of equipment and devices are recorded, including date and time of inspection, condition of equipment, integrity of all containers and containing devices, notation of repairs to facility and recommendations that are important to preventing, detecting and responding to environmental or human health hazards. The daily log is signed by the inspector.
6. Pursuant to 40 C.F.R. 265.16(d) a written job description has been prepared. See Attached.

7. Pursuant to 40 C.F.R. 265.32(a) the owner/operator has provided the following communication and alarm systems capable of providing immediate emergency instructions to facility personnel:
 - a. Two-way electronic public address system between dispatch office and yard facilities.
 - b. Visual and voice signals are appropriate because of proximity of plant and office.
 - c. Emergency sound alarm signal with activation positions located strategically through out facility.
8. Pursuant to 40 C.F.R. 265.32(b) the owner/operator has installed a telephone which is immediately available at the scene of operations capable of summoning emergency assistance from local police, and fire departments, or state or local response teams.
9. Pursuant to 40 C.F.R. 265.37 the owner/operator has made arrangements with local authorities to coordinate emergency services. See attached contingency plan.
10. Contingency Plan. The owner/operator has operated under a SPCC plan since 1976. Subject plan has been expanded to include 40 C.F.R. 265.52(d)(f) requirements. See copy of attached contingency plan.
11. A copy of the contingency plan and all revisions to the plan are maintained at the facility and submitted to local emergency organizations pursuant to 40 C.F.R. 265.53.

ORDER

The owner/operator has complied with the Findings outlined in Docket number V-W-81-R-012 and has taken the noted corrective actions within the specified time for achieving same with Subtitle C of RCRA, Section 3005, 42 U.S.C. 6925 and regulations 40 C.F.R. Parts 265.13(b), 265.14(c), 265.15(b), 265.16(d), 265.32(a) & (b), 265.37, 265.52(d) & (f), and 265.53.
